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trouble

THE MOST IMPORTANT single factor in helping children with behavior problems is to start early, before the problem has become acute. A great deal can be done for a child in the first stages of his difficulty that is no longer possible by the time his misbehavior has brought him to the attention of the law-enforcing agencies. Therefore, anyone attempting to work with minor maladjustments in children must first devise ways of identifying the children in need of this service. After this has been done the problem arises of coordinating the various services for children already available in the community and needed in the treatment of a particular child.

In 1937 the U. S. Children's Bureau, working in cooperation with numerous public and private agencies, established a child-welfare service in St. Paul, Minnesota, with the purpose of studying the prevention and treatment of behavior problems in children. Both of the difficulties mentioned above were encountered, and solutions worked out. The study was brought to a close in 1943. A full report of the work done has been published under the title, *Children in the Community: the St. Paul experiment in child welfare*. (Children's Bureau Pub. 317, U. S. Government Printing Office, Washington, D. C., 1946.) Although the particular solutions arrived at are applicable only to the area in which the study was made, the experience gained during 6 years of work should be helpful to everyone working with children who

present behavior problems, and to men and women everywhere who are interested in community planning for services to children.

getting help to the right child

The records of the Community Service for Children, as this project was called, contain many cases of children who were helped in varying degrees by services already available in the city but who would not have received this help under ordinary circumstances. They did receive it because there was an agency in the community which had made workers in many fields—schools, health, law-enforcement, recreation—aware of the importance of early symptoms of maladjustment and which was in a position to coordinate the various types of service needed in treatment. The following episodes, drawn from the project records, illustrate the kinds of problem behavior that need attention and also show how much can be done for a child if he is given the right kind of help at the right time.

Jack

Jack was in real trouble and he knew it. He didn't think the teacher knew about it yet, but the police had been told. He knew that. Every time the classroom door opened he expected to see a policeman come in. He supposed they'd send him to the reform school, but that didn't worry him as much as all the talking they'd do first, all the things they'd say to him. He couldn't get his mind off that, no matter what he was doing. He was so worried he was going nuts.

The police were worried, too. Jack had been reported to them for sex play with some younger boys. It was the sort of thing that might never be repeated and police action might do more harm than good. They would have liked to forget the whole episode. But they could not. The situation might prove to be serious. If the incident were repeated and they had taken no action in the first place, they would be open to severe criticism.

Since the major responsibility of the police is to protect the community, in a case like this they may feel compelled to follow a course which they know is not the best as far as the individual alone is concerned. But at that time the police were in a position to make a compromise. They referred Jack to the Community Service for Children and asked for a report and recommendation.

At first it appeared that the case worker from the Community Service who visited Jack's home could not accomplish much. The mother was frightened

and defended her child blindly. She felt that the police had had no right to mention the matter to anyone. She said repeatedly that she would not accept this "lying down" and threatened to get a lawyer and go to court herself. Interviews with Jack accomplished a great deal more. He, quite naturally, did not want to talk about what he had done, but he talked freely on other subjects and was willing to see the doctor (the organization's psychiatrist) and explain his side of the business which had been reported to the police.

After a few interviews with the case worker, Jack talked with the psychiatrist, who was able to assure the police that there was nothing to fear from the boy and that no further action was needed. The Community Service would continue to work with Jack and his family.

The case worker felt that Jack was not getting the kind of recreation he needed and asked the YMCA to invite him and his best friend to a party. As a result of this contact, both boys joined a club in the neighborhood where



they had wholesome, supervised recreation. The case worker also felt that he was not doing as well in school as he could and asked for a psychological study and this showed him to be retarded in reading and arithmetic. Tutoring was arranged for him in both subjects. There was no noticeable improvement in his arithmetic but he learned to read very quickly. With less than

3 months' tutoring his reading skill improved approximately two grades and his interest in reading continued after the tutoring stopped. The psychiatrist made Jack understand that he would be glad to see him any time he had anything he wanted to talk over. Jack acted on this invitation and had several interviews with "the doctor" on his own initiative. During these interviews the boy got the sex information he was seeking and, what was much more important, a self-confidence and a sense of companionship which his parents were failing to give him.

There is no doubt that the coordinated attack on Jack's problems which the Community Service was able to make, involving as it did help in his school work, his recreation, and his individual problem, accomplished a great deal. Jack needed help before he came to the attention of the police; in fact, what brought him to the attention of the police was simply a misguided attempt to help himself. Had this episode led to court action, even if that had resulted in no more than a reprimand, the breach which separates the bewildered, suffering person from other people would have been widened. His problem would have become greater, not less. With a little help Jack was able to orient himself to life around him and to find his own acceptable place in it—to understand what was expected of him and to have a good time without giving offense. He might have learned these things for himself, but it would have been a slow and painful process which would certainly have left some scars. Beyond doubt, the Community Service for Children saved him that pain and those scars. Moreover, left to himself he might never have learned the things he needed to know. Left to chance, his troubles might have become more aggravated with time. It is quite possible that these services, coming when they did, saved the community a great deal, for Jack might have become a really dangerous person and been a police problem as long as he lived.

Ben

Ben was called to the attention of the Community Service because he was doing badly in his school work. He had always done well before and suddenly began to fail in everything. The case worker talked with him. Part of his problem, she learned, was the new teacher, a rigid, uncompromising woman to whose severity the boy reacted with hopelessness and antagonism. The case worker persuaded him to join a scout troop, arranged for psychological tests, and tried to explain the situation to the teacher. The tests showed that Ben was well able to do the work of the grade he was in; but the teacher was unable to change her manner and Ben failed the whole term. However, the school, on the strength of the tests and the Community Service's recommendation, passed him at the end of the year. The teacher in the next grade had a much warmer personality, and Ben was soon doing good work again.

In this way the immediate problem was solved, but that, obviously, was

only a part of Ben's difficulties. Although the first teacher was unduly rigid, the other children were able to work under her and something more was needed to explain Ben's failure. The explanation was found easily enough in Ben's home. His mother had died several years before and he lived alone with a puritanical, domineering father who gave his son no affection or understanding and demanded complete submissiveness. The cold loneliness of his home made the somewhat similar situation in the classroom impossible for him. The resentment which he felt toward his father, whom he nevertheless loved, came out in full force against the teacher for whom he had no love. Ben had an older brother whom the father had turned out of the house a few years before, and an older sister who had become sexually delinquent and been committed to the State school for girls.

A case worker could do little in this situation except see that the boy got as much emotional support as he could through outside contacts in recreation and school. And this was not enough. Eventually Ben ran away from home and his father refused to let him return. Matters came to such a pass that the courts had to interfere and Ben was placed in a boarding home. He continued to be a disturbed and unhappy child. He ran away from one home and stole from another. The case worker continued to see him and to do what she could to help him. At the time the Community Service for Children closed its records, the report on Ben was that he would probably always be an emotionally unstable person but that there was no longer any danger of criminal conduct.

The work done for Ben gave him some of the comfort and companionship he needed so badly; without this help matters might have become much worse than they did. But we cannot say that the treatment was really successful. Although he was referred to the Community Service as soon as he began to fail in school, which was the first sign of any disturbance, that was obviously too late. His sister had been committed to the State school several years before. If at that time someone had asked: What about the other child in the house? Is he living under the same influences which have shaped her?—if these questions had been raised then, there might have been time enough to accomplish a great deal more.

Tom

Tom's problem was much simpler than Ben's, though it made more disturbance on the surface and seemed to be of longer standing. Tom had always done poor work and, what was much more disturbing from a teacher's point of view, he didn't seem to care whether it was good or bad and made no effort to do better. This irritated his teachers and embarrassed his family, whose other children were all intelligent and industrious. Tom had a younger sister who was a grade ahead of him in school. His parents, like his teachers, believed that he was mentally retarded.

In this case psychological testing provided the key to the problem. The



tests showed that Tom had superior intellectual ability and special aptitude for drawing and painting. Everybody was surprised, including Tom; and everybody, including Tom, changed his attitude. The boy had been discouraged and lacking in self-confidence, chiefly because everyone expected the worst of him. Their surprise, and respect, following the results of the tests gave him at least a temporary self-confidence. The psychologist, on the basis of more detailed information supplied by the tests, gave him skillful guidance and in a short time had him working at his own, naturally high, level.

Betty

Betty ran into trouble the first week she was in kindergarten. She was a shy, unhappy child, afraid to mix with the other children. For a few days the teacher allowed her to keep to herself and watch the others, but she had 50 children to take care of and at last insisted that the child join the others in a game they were playing. Betty screamed and fought in terror. She would not be quieted and had to be carried from the room. After this

had happened several times the teacher sent her home, saying that she could not come back to the class until she was willing to join the others.

Betty had an infant brother and a nurse from the well-baby clinic who visited the home reported the situation to the Community Service. In this instance the case worker was able to find a small afternoon kindergarten class that Betty could join, where the teacher was not under so much pressure and could give her special attention. The case worker also talked with Betty's mother. Betty's difficulty was not hard to understand. The mother, intent on having her child do everything right, was always correcting and instructing her, and the child had never been left alone long enough to learn. She was afraid to do anything on her own initiative and sure that anything she did would be done wrong. The only possible course for her in any situation was to do nothing at all.

The case worker had many interviews with the mother, who was glad to discuss Betty. She already considered her a problem. Scolding having failed to make Betty the child she thought she ought to be, the mother had resorted to severe punishment. She talked chiefly of Betty's "stubbornness" and the different punishments she had used to "make her mind," all without effect.

The mother was gradually brought to see that the child's stubbornness was in reality fear and bewilderment, which no punishment could cure. She began to use more patience in handling her. This, combined with the work of an understanding kindergarten teacher, eventually had results. At the end of the year Betty was giving no more trouble. She passed into the first grade and behaved like any average first grader. In this case, not only was Betty's problem solved, but the lesson which the mother learned undoubtedly prevented the development of the very same problem with the baby brother.

getting help at the right time

These four children are typical of countless others in every community in the country. They were all in trouble; each one had a problem which he could not solve by himself. In cases like these the child's own attempts to solve his problem, the ways he sees of getting out of his difficulty, are more likely to create new and worse problems than to cure the old ones. If no outside help is brought in, small beginnings like these may start a chain of unhappiness and improper reactions which will last throughout life.

It is estimated that 1 person out of 20 in the United States spends some part of his life in a mental hospital and that an equal number need such treatment but do not get it. In other words, 1 person out of 10 in the United States is incapacitated at some time in his life by a mental or nervous breakdown. As many patients are hospitalized for mental illness as for all forms of bodily sickness put together. Most laymen are astonished when they learn how wide-spread mental sickness is; they are even more astonished to learn how much of it begins with such trivial difficulties as we have been discussing. In addition to the actual breakdown which can be counted, there is a large group of borderline cases, countless men and women who carry a heavy burden of loneliness and unhappiness from the very same causes. There is no doubt that many of the incompetents and many of the criminals, who cost the Nation so much, are in this class. And there is no doubt that a great deal of this suffering, and of this antisocial behavior, could have been prevented had the proper steps been taken in time.

Perhaps because it is so common, emotional disturbance is frequently overlooked, treated as something that will cure itself, not recognized for what it is until it has become so badly involved that the cure is almost impossible. The old cautions, "an ounce of prevention is worth a pound of cure" and "a stitch in time saves nine" are as applicable to the mind as to anything else. Emotional first aid can be as economical of time and suffering, both for the individual and for the community, as physical first aid. Preventive mental hygiene is as much the community's responsibility as the prevention of epidemics or accidents, or any other kind of public health service.

In most cases the bases of maladjustment—meaning the ways in which we habitually fail to make the grade—are laid in childhood. The men and women who work with children—teachers, police and probation officers, recreation workers, clergymen, doctors, nurses, social workers, and others—are in a position to see these first missteps and to see that something is done about them. They are in a position to see that the child is given help while help is still effective, that he is treated before the damage has been done and the habits are set.

Men and women in these professions must learn to understand the importance of early symptoms of maladjustment. In serious behavior problems, help is usually available through the schools, the various social agencies, or the courts. A child who breaks the law is brought before the juvenile court; another child is the despair of his parents and they finally take him to a child-guidance clinic for treatment; still another creates so much disturbance in the classroom that the teacher is compelled to make special arrangements for him. But there are other children who are also maladjusted, although their behavior has not become spectacular or much of a community nuisance. These are the ones who are in trouble too often, although they have never been arrested; who fail in school work which they

are actually able to do; who are annoying in the classroom; who quarrel with other children, or who keep entirely to themselves; who are sulky or silent or hostile in their homes, though not acute behavior problems to their parents.

These children's behavior is evidence that all is not well, that they are troubled and unhappy. These faint signals are just as important as the more obviously troublesome behavior which cannot be ignored. It is important to realize, in the mild cases and in the extreme ones, that the misbehavior is not an unfortunate characteristic of the child, something to be curbed or pruned away. And it is not something he will outgrow. It is a symptom of unhappiness; it is evidence of pressures or hungers that must be attended to at once.

getting help from the right place

Although recognizing the problem, or at least recognizing that a problem exists, is within the province, in fact is the duty, of everyone who comes in contact with unhappy or rebellious children, solving the problem is a very different matter. Most men and women have neither the knowledge nor the time for such work, even where no special psychiatric skill is needed.

The teacher must teach. She must cover certain material that year with that child and with 30, or perhaps 50, others. She cannot spend a great deal of time finding out why one particular child has become obstreperous or listless. The police officer may be sympathetic with the child, may even feel that under the circumstances the theft, or the act of violence, was the most natural thing in the world. But his first duty is to prevent its recurrence. Anything which he does for the child beyond this must be done largely on his own time, and he does not have much time. The doctor who knows that Johnny's underweight and chronic indigestion are due to nervousness, may ask questions and make suggestions. But if he is giving his time to a large clinic, he cannot also be expected to visit the home and discover things which the parents cannot tell him.

The teacher, the policeman, the doctor, the clergyman who have become aware of the importance of children's problems will want to know where to send children who need more help than they themselves can give. The typical American city has a great many services for children which are not utilized as effectively as they might be. Frequently the workers in one field do not know about the services available to them in other fields. Having learned to recognize the child who is in need of help, workers in all fields

must also learn what kinds of help are available in their community and must see that these are used.

Often enough, there will be badly needed services which are not available. Psychological study is a case in point. It is almost impossible to know what should be done for a child until it has been established by definite objective tests how much he should be able to accomplish, and what his special abilities and disabilities are. Workers will of course do the best they can with what is available to them, but when they see the need for a service which is



not available they must work to make their communities see the need for it too, and provide it.

In a large urban community the problem may not be the lack of services but the multiplicity of them. With all the resources of a modern American city to draw on, it may require a specialist to know which agency a given child should be referred to. Some central organization will be needed to coordinate the work of the various organizations in the city. Any community, however small, which makes a serious study of its services to children will doubtless find that it is necessary to have one center through which different kinds of help can be brought to bear on a particular child's problem. If the community is too small to justify an organization of any kind, some

individual, such as the county child-welfare worker for example, may have to assume this function and serve as a channel, or clearing house, between the various professional groups working in allied fields.

getting help for the right thing

Such a specialized organization or individual worker has the added advantage of seeing the child as a whole and is less likely to give undue weight to the particular problem that has brought him to someone's attention. It is not enough to make the run-away child stay home, the truant come to school, the sullen smile, or the disinterested do his home work. Too often these are only surface disturbances; the real problem lies much deeper and it is the real problem that must be discovered and treated.

The difficulties which a child shows in one part of his life—at home, on the playground, in the classroom—never exist in isolation and cannot be solved in isolation. It is always the whole child that is involved. It is his home life that is affecting his school work; it is unhappiness on the playground that makes him unmanageable at supper. All who deal with children must realize that they are dealing with only one phase of the particular child and that their work and their knowledge must be supplemented from other fields to be really effective.

Once this is understood common sense and sympathy will do a great deal toward bringing about a better understanding of what is involved. But common sense and sympathy are not found every place in a high degree. Many well-intentioned, conscientious people do incalculable harm because, without special training, they are not imaginative enough to see the consequences of their action. Ben's teacher is a case in point. She was not responsible for his break-down, but she did contribute to his difficulties when she might have alleviated them. To prevent situations like this, everyone who works with children should have some training in mental hygiene.

Most organizations whose work has to do with children have contact of some kind with a psychiatrist, psychologist, or specially trained social worker. Often this specialist is called on only for consultation in difficult cases. But he can be used in other ways, and one of the most profitable would be to instruct the organization staff in some of the basic principles of his science. Workers should ask for such instruction. Under a qualified teacher they can learn a sort of first aid in mental health. They can learn certain things which they should do and certain things they should not do and, most important of all, they can learn to recognize early those situations which require the services of the expert and should not be allowed to go untreated. Training

of this kind will enable each professional worker to see his own work in its relation to the whole child; it will make him more effective in his own field and better able to see when help outside his field is needed.

But he will still be a specialized worker, with special professional interests. The best diagnosis of a child's problem, the best plan for treatment, requires an organization or individual without special interests who can call upon the special services as needed.

Too little work has been done in this field to say what kinds of organization are most suitable for different types of localities. Men and women who are interested in developing this kind of work today will have to begin by doing whatever seems best in their particular circumstances. But in any situation, the experience of the workers in St. Paul should be helpful.

the **St. Paul** experiment

setting up the experiment

The St. Paul project was limited to a particular area of the city so that the staff could become personally acquainted with the community and the people serving it. The plan was to work thoroughly with all groups in this area. But difficulties in obtaining personnel and differences in the organization of the various groups serving children caused the service to develop faster in some fields than in others.

Because there was special interest in the treatment of delinquency through administrative rather than authoritarian measures a staff member was assigned to work closely with the police. A social worker appointed in the schools to work closely with the project staff also established an effective channel between the schools and the project. As a result contacts with these two organizations developed rapidly. The workers assigned to them were able to explain the problems likely to arise and to discuss individual cases. They were also able to clear up the misunderstandings which inevitably arise when organizations with different responsibilities attempt to carry on a joint program of treatment.

With a limited staff it was impossible to assign a special worker to each group in the community and as a result the contact with health officers, recreation workers, clergymen, and others in a position to identify children with problems, did not develop as quickly as those with the schools and the law-enforcing agencies. All these professions cooperated in the treatment of children who had been brought to the attention of the project staff, but

most of the children brought to the project were brought by the schools or the law-enforcing agencies. As the work coming from these two sources made greater and greater demands on the staff, less and less time was available for developing contacts with other sources. The staff debated setting a limit on the amount of work they would accept from the schools and the police, but decided against this on the grounds that a thorough-going service with one or two groups in the community might be a better demonstration of what could be done than less intensive work covering a wider field. However, under other circumstances, the work done in St. Paul with the schools and police might equally well be done with other types of organizations.

The services available in the area also played a part in determining the project's development. Where there was little understanding of children's needs, time had to be taken to develop understanding; where vital services were lacking or inadequate, help had to be given in developing them.

what was done

In order to get better identification of children needing service, members of the project staff met with local groups and discussed children's problems,



pointing out what kinds of behavior should be considered questionable at different ages. At first the difficulties brought to the attention of the project were behavior problems of long standing for which little could be done, or less serious problems that were more annoying than harmful. There was a tendency to consider only behavior that disturbed others as needing treatment and not to recognize the types of behavior injurious to the child himself. However, the project staff worked on these cases, keeping all who had an interest in them informed of the developments. This accomplished what no amount of talks or lectures could do. The experience of taking part in the study and treatment of one child's behavior difficulties proved a most telling argument for the need of identifying and treating all children with problems. In this way the irreparable damage done to the child and the community by failure to recognize the early symptoms of difficulty is seen and the need for an early identification of problems assumes its rightful importance.

The project staff, which included case workers, a psychologist, and a psychiatrist, were able to handle a great deal of the treatment themselves, but called on other agencies in the community for specialized services. The number of children who needed tutoring in school subjects, especially reading and arithmetic, and the number who needed a specially controlled group experience made it necessary to provide these services, which were not available in the community. A group worker was added to the project staff and a tutoring service was organized with the help of the university and other local organizations.

the findings

The project found that minor and incipient problem behavior in children can be identified by the community and that, if adequate community services were effectively used, much of this problem behavior can be corrected or, if not susceptible to correction, prevented from developing into more serious forms. But in order to do this the child must be seen as a whole and his problems treated as a unit, regardless of their number or the areas of his life in which they appear. Not only the social agencies primarily concerned with the neglected, dependent, and delinquent child, or the child in need of special care, but also agencies established to serve all children, such as the group work agencies, the recreational agencies, the health agencies, and the schools, must work together to accomplish this end. The principle that the child must be treated as a whole and its corollary, the inclusion of all services affecting children in any way, is of primary importance in a program designed to prevent the development of problem behavior in children and to identify and treat such behavior if it does appear.

A study of the records shows that in most cases a personality problem in the child or in his family played an important role in causing the difficulty.

Health, intelligence, education, and economic conditions were less frequent causes. But only in 10 percent of the cases was the psychiatrist used in direct treatment. In 90 percent of the cases other staff workers carried the major responsibility. Of the cases on which there was enough information to base a judgment, 18 percent showed major improvement and another 65 percent showed some improvement.



Strong resistance to service of any kind was frequently met with, particularly from parents. But a flexible procedure and resourcefulness on the part of the workers usually overcame this. Since family influence and personality difficulties play such a large part in children's problems, it is obvious that workers in this field must have great skill in handling personal relationships. Too often this is not the case and agencies working with these problems should give more attention than they have in the past to the selection and training of their staffs. It was also found that even in case-work agencies, children's problems are likely to pass unnoticed in their early stages unless special steps are taken to make the individuals doing the actual work in the community more aware of children's needs and to make certain that these workers have sufficient knowledge and skill to work with children.

The experience in St. Paul seems to show that it is possible to arouse in parents, teachers, the police, and other groups a greater awareness of the early symptoms of maladjustment in children and an appreciation of the value of treatment when the symptoms first appear. It was found that in most instances there was increased sensitivity to children's problems in direct proportion to the amount of instruction and interpretation given by the project staff.

The St. Paul experience shows, further, that a variety of services can be adapted to one another. This may prove an extremely complex problem when the child's needs demand a joint approach from agencies operating under separate administrations and widely varying policies, particularly when the agencies by tradition and philosophy are as far apart as the schools, the social agencies, and the law-enforcing agencies. Liaison workers with background in more than one field were found useful in bringing about an effectively coordinated program under these conditions. The function of these workers, which was to evaluate the situation, refer the case to the appropriate agency, and help that agency to see its function in relation to the others involved, tended to reduce misunderstanding to a minimum.

the implications for other communities

In the St. Paul experiment, the Children's Bureau undertook to help certain groups of people study their problems, and to help workers in different fields become aware of the symptoms of maladjustment in children and work together for the good of the child as a whole. In a smaller community or a larger one, a community with fewer services or more services, the particular problems would be different. However, St. Paul was chosen for the experiment because it was a typical American city—in size, wealth, population distribution, and health, education, and social service facilities—and certain fundamental principles can be laid down from the experience there that would be applicable to such a program in almost any American community.

Professional workers in all fields touching the lives of children must become aware of the common needs of children and of the ways in which they can be met through the skills of their own and other professions. They must be able to recognize the early signs that all is not well with a child and must know where to turn for help in understanding this disturbance and treating it.

This cannot be left to chance nor can a community proceed on the assumption that it is already an accomplished fact. A community can be assured, however, that given time, patience, and adequate instruction most of the individuals in the professional groups dealing with children can prevent the development of many problems by adequately meeting the basic needs common to all children and can become invaluable outposts for the early detection of children in need of special services.

The many community agencies serving children must look beyond their

own programs to the way in which these are related to the programs of other agencies and organizations. Together they must make sure that no child fails to receive a needed service because there are no channels through which his needs can be made known to appropriate agencies or no procedures whereby a number of agencies can work jointly and harmoniously in developing a well-rounded program for him.

Workers with experience in more than one field of work with children, such as education and social work, social work and law-enforcement, case work and group work, proved of value in the St. Paul experiment in bringing about better interagency understanding and a more adequate use of community resources. Some communities may find a coordination center with a variety of such liaison workers of value in bringing together the work of different agencies. Others may find liaison workers attached to the staffs of individual agencies a more satisfactory pattern. Patterns for bringing about an early identification of children in need of service and supplying adequate service for them will vary according to agency structure in the community and must be worked out individually in each community. But men and women everywhere must recognize their obligation to work this out, to start at once and do as much as they can, and to learn from one another how to do more.

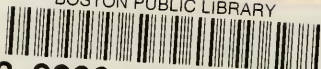
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